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CLINICS.

CLINICAL LECTURES.

Clinical Lecture on Diphtheria. By EDW. HEADLAM GREENHOW, M.D., Assist. Physician to the Middlesex Hospital.

GENTLEMEN: I propose to bring before you the subject of Diphtheria, and to take as the basis of my lecture two cases which have recently been in the hospital, and which were characteristic examples of the two principal varieties of this formidable complaint—namely, of that form in which the urgency of the case is due to the local manifestations of the disease, and of that other form in which the danger arises from the general constitutional affection. The former of these is especially characterized by the existence of symptoms of apnœa, and the pressing danger is caused by the more or less complete occlusion of the air-passages by the membraniform exudation from which the disease derives its name of diphtheria. The latter, on the other hand, is characterized by the predominance of symptoms of asthenia caused by the intensity of the general disease, and the danger to be apprehended is the gradual exhaustion of the vital powers. You should, however, fully understand, that although these two forms of diphtheria are so diverse in their more salient characters, and the kinds of danger which attend them, there is yet no doubt of their being, as I have said, only varieties of one and the same disease, for they not only occur constantly during the same epidemic, but very often also in the same household at or about the same time. I have seen many examples of this, and one, which occurred only a few months ago, was especially striking, on account of the severity of both forms, causing death rapidly in both cases. I was called to see a young gentleman aged fifteen, who had come home from school, I believe, with the complaint, and was suffering from most urgent laryngeal symptoms, of which, in fact, he died the same evening, almost immediately after

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the operation of tracheotomy. Four days afterwards his sister, aged eight years, was taken ill with diphtheria of the other, the asthenic form, which also ran an unusually rapid course, and proved fatal on the fifth day of her illness, without the supervention of any laryngeal symptoms. Another proof of the identity of the disease in the two different forms is, that although, in many cases, their separate characters are as sharply marked as in my description above, yet other cases occur side by side with them which partake more or less of the characters of both forms. I say more or less, because in fact one of the two classes of symptoms does usually predominate.

Although the two varieties of diphtheria to which I propose directing your attention to-day are the most important, I must remind you that they are by no means the only forms of this disease. In every epidemic there are many cases in which neither are the air-passages involved nor are there any urgent symptoms of general constitutional affection. Many of these would perhaps at another time be regarded merely as cases of common inflammatory sore-throat; but, occurring as they do at the same time, and frequently in the same household with characteristic cases of diphtheria, we cannot but refer them to the same category. Several of you saw, the autumn before last, a rather severe case of diphtheria, which came from a house in the vicinity of the hospital in which sorethroat had previously been prevalent. The lad, aged sixteen, was a shoemaker's apprentice, and slept in the same room with three other boys. The family consisted of eight or nine persons, five of whom, including the three fellow-apprentices, had been under my care as out-patients in quick succession during the preceding fortnight, for sorethroat of varying intensity, but unaccompanied by exudation. Lastly, but still forming a part of the same epidemic—if I may be allowed to apply the term to so limited an outbreak of disease—this lad presented himself, with symptoms of so great prostration that we were compelled to take him into the hospital. His fauces were coated on both sides with the characteristic false membrane, and, although he made a good recovery, his illness was severe. Albumen was found in his urine on the day after his admission, and he only regained health and strength after a prolonged and tedious convalescence.

Again, cases characterized it is true by more or less diphtheritic exudation in the fauces, but unattended by any urgent symptoms, form a large proportion of every epidemic. Sometimes it even happens that almost all the cases in particular epidemics are of this mild kind. Such cases usually recover under any rational mode of treatment, and it is the consequent great apparent success in treating them which has sometimes led even honest and worthy practitioners to promulgate as a specific for diphtheria some medicine with which they have treated large numbers of cases; the truth being that by far the greater proportion of these cases required only common care, and would probably have recovered without any medical treatment at all. But although these mild cases so often do well with any or no particular medicine, I must not dismiss them without a word of caution to you, on the one hand against over-treating them, and, on the other, against neglecting them. I have seen serious mischief ensue from what I must term meddlesome treatment of such cases, especially when in the form of local applications; and yet even the mildest case requires careful watching, because, either by the invasion of the air-passages or by the accession of constitutional symptoms, a case which in its first stages appeared of the mildest kind may subsequently assume a most serious form.

With these preliminary observations, and begging you to bear in mind that I can only bring a small section of my subject, so to speak, before you to-day, I proceed to consider the first of the two grave forms of diphtheria which I have described, as it was exemplified in the more recent of our two hospital cases.

Mary Ann M———, aged eleven years, was admitted into Northumberland ward on the 24th of April, under the care of my colleague, Dr. Thompson. She had been ailing with cold for about a week, and had had sorethroat from the first. Two days before admission she had commenced coughing, and at the same time her voice had become hoarse; but, notwithstanding her indisposition, she had continued able to play about with her companions as usual in the open air until the afternoon of Sunday, April 23d, when dyspnœa came on more decidedly, the cough and hoarseness increased, and she became so ill that on the following morning her mother procured her

admission into the hospital. At the time of admission her breathing was difficult, laboured, and stridulous, and she spoke in a faint, husky voice. Her face was flushed, and the expression of her countenance anxious. Her skin was hot, pulse about 140, respirations about 24 in a minute. Mr. Waymouth, the clinical assistant, under whose observation she first came, states that at the time of her admission there was a small patch of false membrane on the fauces; but when I saw her, two or three hours later, this had disappeared. The case seemed so urgent that Dr. Thompson requested his colleagues, including myself, to see the patient, for the purpose of considering the propriety of performing the operation of tracheotomy. I found both tonsils enlarged, somewhat ragged-looking and reddened; the pillars of the fauces were also of a dusky-red colour, and the glands at the angles of the jaw, especially those on the right side, were slightly enlarged. The tongue was moist, and coated with a white fur. The urine was normal in appearance, and contained no albumen. On examining the anterior part of the chest, I found a deficiency of resonance in the left infra-clavicular region, and the respiration on both sides of the chest sibilant, with slight rhonchus in the upper part of the left lung. I was informed that there was dulness on percussion over the greater part of the left side of the thorax posteriorly, but the child was so ill that I did not attempt to verify this fact for myself. Immediately after the consultation tracheotomy was performed by Mr. Moore, and I shall presently state to you what were my own views of the case, and the grounds on which I advocated a decision in favour of operating. From two and a half to three ounces of blood were lost during the operation, and the pulse at once fell to 123, but shortly became exceedingly feeble. The respirations became comparatively tranquil, and the child fell into a quiet sleep. At eleven P. M. the pulse was 140, the respirations 34; the patient had slept well at intervals, and had partaken freely of the strong beef-tea and brandy ordered for her. On the 25th it was reported that she had passed a good night and had taken abundance of nourishment. She was perfectly calm, her pulse from 130 to 140; but the respirations, though unembarrassed, were very frequent, being nearly 50 in a minute. The breathing was found to be tubular, and the percussion resonance dull over the whole of the left side of the thorax posteriorly; the respiration over the right scapula was also slightly bronchial; the deficiency of resonance and bronchial breathing below the left clavicle remained as before the operation. Throughout the day and night she continued stationary, coughing a good deal, but expectorating freely, until early on the morning of the 28th, when she became restless and began to have difficulty in raising the expectoration. During the day her breathing became more and more embarrassed, and gradually sank, and died at half-past four P.M., about forty-eight hours after the operation.

At the post-mortem examination a shallow, ragged ulcer was found on the surface of each tonsil, but both throat and fauces were free from exudation. A small patch of false membrane was lying loose on the under surface of the epiglottis, and the larynx and also the trachea for the space of an inch and three-quarters downwards, were almost entirely lined with a tough false membrane of about the thickness of kid leather, for the most part lying loosely on the mucous surface, but here and there so firmly attached as to require much force to tear it away. The incision made by the operation had passed directly through this membrane. The larynx, trachea, and bronchi contained a large quantity of thick, tenacious, muco-purulent secretion. The mucous membrane of the larynx and trachea was generally somewhat reddened, and presented distinct patches of a still deeper redness. On tracing the left bronchus downwards from its origin, the smaller tubes were found to be inflamed and filled with thick mucus. The upper lobe of the left lung was collapsed, and the posterior part of the lower lobe was dark coloured and much congested. The right lung was also slightly congested, but otherwise appeared to be normal. The rest of the viscera were healthy.

I have spoken of this case as illustrating one of the forms of diphtheria, because I regard it as having really been a case of that disease, and not one of ordinary croup; and I am led to this conclusion by the fact that sorethroat, although of a mild kind, had preceded the laryngeal symptoms for some days, and still existed at the time of the patient's admission to the hospital. This accords with the ordinary history of diph-

theria affecting the air-passages; it commences in the fauces, and usually, after a shorter or longer interval, creeps downwards into the larynx and trachea. The interval between the commencement of the illness and the accession of laryngeal symptoms may indeed be very brief, sometimes not exceeding a few hours, but in my experience it has more frequently been several days, though very rarely protracted beyond a week. One reason why laryngeal diphtheria often appears to commence suddenly is the fact, to which I have already adverted, that the earlier symptoms of cases which ultimately become dangerous are often of the mildest character, and consequently sometimes altogether escape the observation of friends or attendants until the symptoms of actual croup give the alarm. Last autumn I saw, at the request of her medical attendant, a little girl, aged four years, whose indisposition had been so entirely overlooked by her parents, that they had brought her up from the country only a few hours before I saw her, and until the dyspnœa and stridulous breathing suddenly came on, and induced them to send for medical advice, were purposing to take her on to Gloucestershire. Yet not only were the tonsils enlarged, with a patch of exudation, the size of a sixpenny-piece, on each, but the fauces were generally injected, and the glands at the angles of the lower jaw swollen; showing beyond doubt that the disease must have been progressing for some days, even if we had not ascertained on inquiry that the child had had slight sorethroat for nearly a week, which had not, however, prevented her from taking her food, and going about as usual. In fact, in that case, as well as in the case we are considering, it was evident to me, when first called on for an opinion, that the disease had already reached a stage in which, unless speedily relieved, the patient could not survive many hours, and in which the only possible modes of relief were either by means of the spontaneous expulsion of the false membrane, which I felt assured was choking up the larynx or trachea, or else by means of the artificial admission of air to the lungs through an opening in the trachea. Now and then, though very rarely, I have known cases of this kind recover, when apparently desperate, in consequence of the spontaneous separation and expulsion of a mass of false membrane, bearing a more or less close resemblance in shape to some portion of the air-passages. I had some time since in my possession two such portions of false membrane, one of which formed an exact cast of the lower part of the trachea and the first portion of the bronchi, and the other an equally accurate cast of the larynx and upper part of the trachea. Both had been expelled by patients who were apparently almost moribund, and in both cases the expulsion was followed by recovery. I also some years ago found in the post-mortem examination of a little girl, whom I had seen once a few hours before death, a deposit of false membrane lining the whole of the larynx, and extending nearly an inch downwards into the trachea. This false membrane formed a complete tubular cast of the parts, but was almost entirely loose, being only attached at a few points to the mucous membrane which it overlaid. Thick and dense in the larynx, it became gradually thinner in the trachea, until it terminated in an extremely thin, soft, and scarcely coherent pellicle. The child had died very suddenly a few hours after I had seen it, and the immediate cause of death appeared to have been the partial detachment of the false membrane lining the larynx, which had choked the passage, and barred the admission of air. I was much mortified to find after death that possibly the operation of tracheotomy might have saved the child's life, and that the false membrane, being loose, might not improbably have been seized with a pair of forceps, and drawn through the wound. I should add, however, that the spontaneous detachment and expulsion of the membraniform exudation, whether entire or in flakes, by no means insures the patient's recovery. The temporary relief is indeed for the most part very remarkable, and encourages the hope that the patient—who, although only a short time before apparently in the last struggle for life, may now be sleeping calmly—is on the high road to perfect convalescence; and in some instances this may really be the case. But such hopes are too often illusory, for the same tendency to repeated renewal of the false membrane by fresh exudation, which is frequently seen in diphtheritic affections of the fauces, exists also in the larynx; and, unless the local inflammation itself be upon the wane, it is too frequently found, a few hours after the expulsion of the former cast, that a new one

occupies its place, and that the patient is in a worse state than before, being less able to cope with the fresh attacks of dyspnœa, and less likely to have strength to expel the obstruction. In fact, as long as the inflamed mucous membrane continues to pour out the liquid exudation which coagulates into the diphtheritic deposit, so long must the process of formation go on. It is by the persistence of this process that what was at first a mere semi-transparent pellicle on the fauces becomes in the space of a few hours a dense membrane, and that the latter often increases in thickness from day to day, notwithstanding the waste going on at its free surface. And so therefore I regard it as probable, seeing the great rapidity with which the membrane re-forms upon the fauces when it has been artificially detached, that, unless the inflammatory affection be really on the decline, the processes of exudation and coagulation may go on for a time even more rapidly after the expulsion of the false membrane from the larynx than whilst it still covered the diseased surface.

To return, however, to the case of our little hospital patient. I was convinced, as already said, that the only possible chances for her life lay either in the almost immediate expulsion of the false membrane or in the speedy performance of tracheotomy. The former is, as I have explained, an event of rare occurrence, never to be counted on in any particular case, and the issue of which is exceedingly uncertain when it does happen; the latter alternative of operation has very frequently failed in such cases, and seemed especially likely to do so in a case in which the left lung was already partially consolidated, and the bronchial membrane probably inflamed. Nevertheless, considering that the child's suffering was urgent, that its death in a few hours seemed inevitable unless relief could be given by the operation, and that there were no severe constitutional symptoms to contraindicate tracheotomy, I spoke very decidedly in favour of its being performed. The event proved that in the circumstances the operation was not only justifiable, but right, for it was scarcely over when the child's breathing became comparatively tranquil, and she fell into a quiet sleep almost as soon as laid down in bed; and although it is true that in this case, as in too many others, life was not saved, it was certainly prolonged, the most urgent suffering was permanently relieved, and death came in a gentler and less distressing form than it would otherwise have done.

The immediate causes of death in this case were, doubtless, the collapse of lung and the plunging up of the trachea and primary bronchi with tenacious mucus, which the child was unable to get rid of by expectoration; for the lung-tissue, although collapsed, was not inflamed, and the bronchitis was scarcely in itself severe enough to have proved dangerous, except as a complication of the graver disease. In fact, however, I regard both the bronchitis and the collapse of lung as having resulted from the laryngeal affection; the former having probably been mainly occasioned by the gravitation downwards of the acrid fluid, from the larynx and trachea consequent upon the patient's inability to expectorate. The collapse of lung doubtless arose, as it so often does in the bronchitis of children, from the imperfect admission of air into the lungs during inspiration, partly in consequence of the obstruction in the larynx and trachea, partly from the choking up of the bronchial tubes with tenacious mucus. This latter, again, was in a great measure owing to the inability to cough it up, consequent on the want of power to take such a full inspiration as necessarily precedes the act of coughing. This was therefore eminently a case of diphtheria fatal in consequence of the local manifestations of the disease, and it was in the conviction that these constituted the real danger of the case that I entertained no doubt respecting the propriety of endeavouring to save the patient by tracheotomy.—*Lancet*, June 3, 1865.

HOSPITAL NOTES AND GLEANINGS.

Partial Dislocation of the Axis—Recovery.—J. S., æt. 21, labourer, was admitted into Guy's Hospital May 26, 1865, under Mr. Hilton.

States that he has been ailing for the last three months; loss of appetite and general debility; has, however, followed his employment.

On Sunday, May 14th, he was stooping down to black his boots as they were on his feet, when suddenly he "felt a snap" in the upper and back part of his neck; "he felt as if some one had struck him there."

About a quarter of an hour after he became insensible, and continued so about half an hour; then he felt a stiffness and numbness at the back and side of his head and the back of his neck, with a fulness in the throat and difficulty of swallowing. At first he had no loss of power over his limbs, only slight pain down the right arm; some days after admission, however, he had partial loss of power in the right arm, which shortly recovered itself.

On admission he carries his head fixed, and has pain on slightest attempt to rotate, flex. or extend the head; his jaw is partially fixed, and he cannot open his mouth wide enough to admit of a finger being passed to the back of the pharynx; his voice is thick and guttural; deglutition not attended by any great uneasiness. Complains of all the symptoms before enumerated. Externally over the spine of the second cervical vertebra there is a tumour hard and resisting, but tender on pressure; this is evidently formed by the undue prominence of the spine of the axis itself; the tenderness is not general, but circumscribed; the parts all round are numb. He was put on his back on a hard bed, his head but slightly elevated; a small sand-bag was placed beneath the projecting spine, and the whole head maintained in a fixed position by larger sand-bags. He was ordered pulv. Dov., gr. v; hydr. cum creta, gr. iij, bis die. This was continued for about ten days, when his gums became affected slightly, and it was then omitted. Marked improvement has taken place in his general appearance, and more particularly in his special symptoms. He continued thus till July 3d, gradually and steadily improving. He then had acute rheumatic inflammation of the right knee and elbow joint, followed in a day or two by a similar state in the left knee-joint. There was no evidence of a pyæmic state. The joints were blistered, he has been treated with pot. nitr. and lemon juice, and is now fast recovering. The tenderness and all the symptoms have disappeared, the projection still remaining, and he expresses himself as much relieved by the continued rest in bed.

Mr. Hilton, in remarking on this case, observed that it had been demonstrated that the area of the vertebral canal might be diminished by one third, provided that the diminution was slowly effected, without giving rise to any alarming, or indeed marked, symptoms of compression of the cord.—*Dublin Med. Press*, Aug 9, 1865.

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Amputation of the Thigh.—This operation was performed by Mr. Fergusson, of King's College Hospital, May 6th; and, as there are some interesting and novel points in the mode of operating, they are reported here for the consideration of the profession. The patient was a woman who had been some time afflicted with a large tumour springing from the inner condyle of the right tibia; and, as she was suffering from intense pain and considerable constitutional disturbance, it was deemed that amputation was the only sure means of giving her relief. The operation was performed as follows: The patient being chloroformed, an assistant compressed the femoral artery as it passed out under Poupart's ligament, no tourniquet being used. Mr. Fergusson raised the diseased limb nearly at a right angle with the patient's body for about two minutes; he then transfixed the thigh directly in front of and close to the femur, about three inches from the patella, bringing the knife out obliquely downwards. He proceeded in a similar manner at the back of the thigh, making as it were two short flaps. He then divided the tissues close to the bone, while an assistant made retraction The bone was sawn off about three inches higher than where the knife first passed in; the vessels were then secured, and the flaps brought together with silk ligatures. The wound made but one line, as in the circular operation; and very little blood was lost. Strips of wet lint were then applied to the stump, and a roller over all.

Mr. Fergusson made the following remarks. He said that, after a large experience, he thought it better, in amputation of thigh, to depend on compression of the main artery by the finger of an assistant, than to trust to a tourniquet. It might have been also observed that he raised the limb for a short time, so as to unload the vessels, as it was of importance that as little blood as possible should be lost by the patient in her weak condition. The consequence of this proceeding was satisfactory; not more than an ounce of blood was lost. There were two modes of operation for amputation of the thigh, usually styled the flap and the circular; and he was of opinion for some time that a modification of each could be

used, as in the present case, with very great advantage. It may have been observed that he transfixed the limb as in the flap operation, bringing the knife out obliquely downwards; and that he divided the tissues adherent to the bone, as in the circular operation; while retraction was made by an assistant. The consequence was apparent when the flaps were brought together. We had a wound in one straight line, getting rid of the side wounds, which very often extended three inches up the stump in the ordinary flap operation. He thought that this mode of operating would be found to be a great improvement on the old methods. —*British Med. Journ.*, June 3, 1865.

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Obstinate Chorea treated with the Calabar Bean (Physostigma Venenosum)—Encouraging Result—Paralysis Agitans treated by the same.—R. W., æt. 14, was admitted into St. George's Hospital, under the care of Dr. J. W. OGLE, with decided and persistent chorea, for which, during the course of several months, the preparations of steel, antimony, zinc, arsenic, and valerian were tried, in addition to suitable generous diet. He remained eleven weeks in the Hospital, and was to have returned home in very much the same state as when he came in, when permission was given to me by Dr. Page, whose patient he was, to try the use of Calabar bean. Having obtained a number of the beans, I got Messrs. Bullock and Reynolds to make me a tincture or alcoholic solution. Of this I gave four drops for a dose thrice daily, increasing it gradually during the course of nine weeks until he took eighteen drops three times a day.[1] During the whole of this period no change was observed in the pupils of the eyes, but the boy, without the use of further medicine, recovered almost entirely the power over his muscles, so that he left the Hospital and went home into Hertfordshire about the 6th or 7th of April almost quite well, the want of control in certain movements being only occasionally perceptible. He was requested to return to the Hospital if any relapse occurred, but we have seen nothing of him.

I have now an obstinate and violent case of chorea (in a young woman) in St. George's Hospital which I am treating with Calabar bean.

I have recently been trying the Calabar bean upon an out-patient with very severe so-called *paralysis agitans*, but I have not obtained (as, indeed, I hardly expected I should) any desirable result. Indeed, no result was obtained either as to power of controlling the movements of the muscles or as to the action of the pupils of the eyes. The form of preparation used was the alcoholic solution supplied to the Hospital by Bell, of the strength of one drachm of the bean to one ounce of rectified spirits of wine. Of this, twenty drops were given, diluted, thrice a day, and increased, by ten drops at a time, to one drachm in the course of six weeks. For one month he took one-drachm doses thrice a day, and then it was increased to eighty drops. This he took for three weeks, and then he took one-and-a-half drachm doses for two weeks. At the end of that time, no effect being produced either on the muscles of the limbs or the eyes, I discontinued the remedy.

I have given the details of this unsuccessful case to show what doses of the Calabar bean might be given with impunity.—*Med. Times and Gaz.*, Sept. 2, 1865.

[1] I regret that I cannot at the moment state the strength of this solution, nor can I now obtain information from Mr. Bullock about it, as he is not at present in London; but I will supply a statement as to the strength and mode of preparation as soon as I am able.

MEDICAL NEWS.

DOMESTIC INTELLIGENCE.

Surgeon-General's Office, Washington City, D. C., August 17, 1865.—An Army Medical Board, to consist of Brevet Colonel C. S. Tripler, Surgeon U. S. A., *President;* Brevet Lieutenant-Colonel H. R. Wirtz, Surgeon U. S. A.; Brevet Lieutenant-Colonel Anthony Heger, Surgeon U. S. A., and Brevet Major C. C. Lee, Assistant Surgeon U. S. A., Recorder, will meet in New York City, on the 20th of September next, for the examination of candidates for admission into the Medical Staff of the United States army, and of Assistant Surgeons for promotion.

Applicants must be between 21 and 38 years of age, and physically sound.

Applications must be addressed to the Surgeon-General of the army, stating the residence of the applicant, and the date and place of his birth; they must be accompa-

nied by respectable testimonials of moral character.

If the applicant has been in the service, he will send the testimonial of the chief medical officer under whom he has served, and if in service at the present time, the application must be sent through the Medical Director of the respective Department.

No allowance is made for the expenses of persons undergoing the examination, as it is an indispensable prerequisite to appointment.

There are now twelve vacancies in the Medical Staff.

J. K. BARNES,
Surgeon-General U. S. Army.

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Berkshire Medical College.—Dr. HORATIO R. STORER, of Boston, has been appointed Professor of Obstetrics in this Institution.

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Brinsmade Prize.—Dr. T. C. Brinsmade, of Troy, N. Y., offers a prize of one hundred dollars for the best essay on medical and vital statistics, with a plan for hospital reports, and records of private practice, and a draft of a registration law. Essays offered for the prize must be sent to the Committee on Prize Essays of the New York State Medical Society by the 15th of December next.

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American Pharmaceutical Association.—This association held its annual meeting in Boston on the 5th, 6th, 7th, and 8th of September last.

The following officers were elected: *President*, Henry W. Lincoln, of Boston; *First Vice-President*, George C. Close, of Brooklyn; *Second Vice-President*, S. W. Sackrider, of Cleveland; *Third Vice-President*, C. A. Heinitsh, of Lancaster, Pa.; *Treasurer*, Charles A. Tufts, of Dover, N. H.; *Recording Secretary*, J. M. Maisch, of Philadelphia; *Corresponding Secretary*, P. W. Bedford, of New York; *Executive Committee*, T. S. Wiegand, of Philadelphia, John Butterworth, of Boston, F. W. Lemewald, of St. Louis, and T. H. Barr, of Terre Haute; on *Progress of Pharmacy*, Euro Sander, of St. Louis, G. H. C. Markoe, of Boston, Theodore Kalb, of St. Louis, Ferris Bringchurch, of Wilmington; on *Drug Market*, S. M. Colcord, of Boston, J. J. Thompson, of Baltimore, William A. Brewer, of New York, Ezekiel Sargent, of Chicago, and W. J. M. Gordon, of Cincinnati; on *Scientific Queries*, William Procter, jr., of Philadelphia, E. S. Wayne, of Cincinnati, Edward Parrish, of Philadelphia, and B. H. Stable, of Alexandria, Va.; *Business Committee*, Dr. E. R. Squibb, of New York, F. Stearns, of Detroit, and J. F. Moore, of Baltimore.

A considerable amount of interesting and important business was transacted, and a number of valuable communications were presented.

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Philanthropy During the War.—Mr. HARTLEY has prepared, with great labour, a statistical exposition of the philanthropic exertions of the American people during the war. He says that the total contributions from the States, counties, and towns, for the aid and relief of soldiers and their families, have amounted to over one hundred and eighty-seven millions of dollars ($187,209,608 62); that the contributions for the care and comfort of soldiers, by associations and individuals, have amounted to over twenty-four millions ($24,044,865 96); that the contributions, at the same time, for sufferers abroad have been $380,140 74; and that the contributions for freedmen, sufferers by the riot of July, and the white refugees, have been $639 644 13; making a grand total, exclusive of the expenditures of the government, of more than two hundred millions of dollars ($212,274,259 49).

FOREIGN INTELLIGENCE.

Effects of Division of the Spinal Nerves.—Professor MANTEGAZZA, of Milan, publishes in the *Gazetta Medicale Italiana* of the 14th ult. a very interesting paper, in which he sums up the results of some recent experiments which he instituted with a view of completing Schiff's early investigations on the effects of division of the spinal nerves, more particularly with regard to the influence of this operation upon the calibre of the bloodvessels and the intimate nutrition of the tissues. The nerves selected for operation were the sciatic and the crural. The experiments were made on rabbits and on dogs, and great care was taken to make the abstraction of spinal influence—as far as conveyed through the particular nerves—thoroughly complete. The results announced by M. Mantegazza are most interesting. Not merely does he find all

the phenomena of vaso-motor palsy which Claude Bernard (to whom, by the way, he never refers) has shown to attend the division of the principal nerve-trunks of the extremities, but he introduces us to others which are of great importance, and which we believe to be quite novel. He shows, namely, that the section of the nerve-trunks causes, not merely dilatation of the vessels and other phenomena immediately traceable to this, but also that it gives rise to suppuration, not only in superficial parts which are exposed to friction, but in deep seated tissues, and causes an increased proliferation of the connective tissue, which multiplies in a very remarkable manner, while tissues of a higher grade—such as the muscular—shrink up and disappear in a manner which certainly does not depend upon the mere disuse of palsied muscles. In short, M. Mantegazza's researches reiterate with great force the lesson which a hundred facts in recent physiological and pathological observation teach, but which meets with wonderfully little attention—that lesion or at least defective energy of nerves is at the foundation of an immense number of inflammatory affections. How extraordinary, for instance, is the persistence with which the majority of practitioners ignore the direct dependence of many inflammatory skin affections upon a debilitated condition of certain cutaneous nerves; as if such facts in medical history as the genesis of shingles and sundry other forms of herpes were not among the commonest and most unmistakable things in all pathology. We shall probably recur to this subject on some future occasion. Meantime the profession will anxiously await the publication of M. Mantegazza's more detailed account of his experiments; and it may be hoped that on that occasion he will not content himself with references to Schiff alone of all the observers who have studied "neuro-paralytic hyperæmia" and its concomitants.—*Lancet*, Sept. 9, 1865.

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Rupture of the Abdominal Parietes and Issue of a Living Child.—Dr. Geissler relates the following extraordinary case: A woman was found in a stable trodden under foot by a bull, and at the point of death. The horn of the animal had passed under the edges of the ribs in the right hypochondrium, and had torn the parietes in nearly a transverse direction as far as the left side. The intestines were torn and extruded, and the upper part of the uterus was carried clean away, with the exception of a portion on the right side to which the placenta was still attached. The os uteri was closed. A full-timed, strong male child was in this way liberated uninjured from the womb, and screamed loudly. The funis was twisted several times round the neck, a piece of torn placenta remaining attached to it.—*Med. Times and Gaz.*, Sept. 2, 1865, from *Monatsch. für Geburt.*

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Instrument for Irrigating the Pharynx in Children.—Everyone knows how difficult it is to get children, and even some adults, to gargle the throat; and under any circumstances the fluid usually does not reach the tonsils. Moreover, in various affections of the throat the patient has great difficulty in opening the mouth. To meet the difficulties arising in affections of the tonsil and various forms of angina, especially in children, M. Guersant has contrived an instrument which, made of aluminium bronze, is in fact a canula shaped like the handle of a spoon, twelve to fifteen centimetres in length. It is used as a depressor of the tongue, and has its extremity perforated with small holes. The other end is connected with an irrigator or a syringe. The tongue being depressed by it as by an ordinary spoon, the fluid is injected first gently into the mouth and then more forcibly, so as to constitute a true irrigation of the fauces and effect a thorough cleansing.—*Ibid.*, from *Bull. de Thérapeutique.*

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Vaccine Matter from the Cow.—M. Lanoix has read a paper on this subject before the Academy of Medicine of Paris. This physician, after studying the subject at Naples, is founding in the capital of France an establishment for such vaccination. In the paper it is stated that out of 820 revaccinations practised in different schools upon children from 7 to 13 years old, 21 per cent. succeeded. The figures respecting a more advanced age are as follows: From 14 to 20 years, 71 revaccinations, 31 effectual; from 30 to 40 years, 200 revaccinations, 97 effectual; from 40 to 55 years, 30 revaccinations, 7 effectual; from 50 to 60 years, 5 revaccinations, 2 effectual. The author considers that the transmission of vaccine matter from heifer to heifer is always possible, the quantity obtained

being quite adequate to very numerous operations; that the matter does not lose in activity in passing through animals as it does in passing through human organisms; that vaccinations are always or almost always successful; the revaccinations with animal matter succeed more frequently than with matter obtained from human beings; that vaccination with heifer matter is extremely easy; and that such vaccinations are highly useful in epidemics of small-pox, as larger supplies of vaccine matter may rapidly be sent to extensive tracts of country.—*Lancet*, Sept. 9, 1865.

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The Cholera in the East.—The following extract from a letter to the editor of the *Lancet*, from Dr. TILBURY FOX, who has recently, on his way to the East, passed through many of the districts visited by cholera, will, we are sure, be read with interest.

"Cholera has spread with rapidity much higher up the sea-board of the Mediterranean than has been its wont—some affirm, indeed, higher than it has ever been before: it has swept round the coast to Jaffa, Beyrout, and to Alexandretta, which is exceptional; from thence to Smyrna, and on to Constantinople. It is difficult to get at any correct information with regard to some of these places, for the natives, officials, and Europeans have fled to the mountains. At Beyrout, up to the 31st of July, the average number of deaths daily has ranged between ten and fifteen. On the 31st an increase had taken place; up to mid-day seventeen deaths from cholera had been reported, and it was generally credited that, in consequence of the panic, only about half the total had been announced: clearly the disease was on the increase. I have heard no further news of Beyrout, nor anything authentic in regard to Jaffa or Alexandretta: the former is quite a deserted city, and ships decline to touch at the port. Alexandria may be considered clean. True, up to the 7th no clean bill of health had been issued to ships leaving the port, for a single death had been registered on the 6th, I think; but for many days before the city had been free from all mortality from cholera. At Constantinople a decline in the severity and fatality of the attacks is observed according to the very latest accounts. With regard to Malta, the papers announce that on the 10th seventy-four attacks and twenty deaths were recorded, but on the 11th we were assured by the quarantine authorities that there had been only seventy-two attacks and seven deaths on that day, which shows a very marked decline in severity. The report that cholera has visited Spain is to-day contradicted most emphatically. Cholera, as we know, has travelled inland from Jaffa to Jerusalem; it remains to be seen whether it will visit Damascus. Generally speaking, the latter city is not visited by cholera. The day I left, the pilgrims returning from Mecca were entering the city; it is to be hoped that they will not bring with them the seeds of the disease itself. The Pasha of Damascus estimates that of the whole number of pilgrims who went to Mecca at least 40,000 died. In lower Egypt alone 80,000 have since succumbed to the attacks of cholera.

The panic which seized the populace was urgent, unprecedented, and, as characterized by the officials, disgraceful. At Alexandria, ships were positively seized by force, and large sums were paid for their hire. Higher up the coast every place was simply deserted. On our arrival at Beyrout, the majority of the shops, even the hotels, were closed; and only those whom business of a pressing nature compelled remained. No one, it is said, remains in Jaffa. To their shame be it said, in many towns the very doctors had been the first to desert. All who could had gone to the mountains. The Lebanon range was the favourite encamping ground; and I noticed that people had not the good sense to give themselves plenty of space and air, but actually huddled their tents together *en masse*—crowded them together. This cannot but be very pernicious, considering that no sort of drainage or disinfection would be adopted, that the heat in the daytime was intense, the nights cold and damp, and the water not of the best quality. Should the seeds of cholera be transported to the locality of the tents (and the intercommunication between the infected town and the tents is free), a mortality of great gravity may be expected.

The state of the public health—"the epidemic constitution," as it is termed—was (and, in fact, always is more or less) in Egypt ripe for mischief. In the first place, water has been very scarce this year; and when this is the case, what there is becomes impregnated with vegetable and other impurities, as I most uncomfortably experi-

enced. Throughout the whole of Syria and Palestine there is great scarcity, and only in about three places did we get really clear drinkable water. The Nile is particularly low this year. It is worth recording, that the very places at Cairo whence the common people get their water to drink are impregnated to a very great extent with impurity. Above these spots are large barracks, and a numerous collection of grain and other boats. Now, as I have seen and noticed very particularly, the soldiers and boatmen all crowd to the water edge, and turn the river-side into one great cesspool—in fact, huge water-closets. You see these folk by the dozen in the act of defecation, and this goes on the whole day long. The heat is intense, the river is low, and the current, at the time of year I speak of, slow; hence it is not improbable that this state of things may have some debilitating or devitalizing effect on the health of the community.

Bad fish is no uncommon article of diet in Egypt. Sour milk is another, and fruit. Throughout the cities in the East the fruit is eaten in an unripe state; it is then considered to possess flavour. Ripe fruit is regarded as insipid. Watermelons are abundant, and the indigestible pulp is (if one may judge by what one sees) actually relished. In addition to all this, the vegetation of the country generally has been devoured by locusts. We first saw the devastation committed by them at Sinai, and we continued to observe it everywhere, almost without exception, till we reached Beyrout. The air was always full of them wherever we went. The murrain, too, is rife amongst the cattle of Egypt similarly to our own land. This has necessitated the importation of cattle on a large scale. I was compelled to leave Beyrout in a steamer loaded with sheep, and saw something there worthy of mention. Some two thousand sheep were put on board; they had been travelling for three days from the mountains (the weather being excessively hot), subsisting on whatever food they might pick up on the march, and no provision was made for any further food or water until their arrival at Alexandria. Twenty-five died before we weighed anchor, and many more on the way. The heat and crowding between decks were intense, and no one could doubt but that the most favourable conditions were being fulfilled, not only for the development of disease, but for the provision of unwholesome food for those for whom the sheep were intended. This state of things, which exists on a large scale, will perhaps assume greater significance when I mention the fact that out of eight thousand workmen employed by the minister of public works, Nubar Pasha, upon the railway works, only eight died of cholera—comparatively speaking, a wondrously low average of mortality; and he attributes it entirely to the "feeding up" which he adopted towards these men. On the outbreak of the cholera, he caused to be given them good soups, rice, and plenty of good meat, ordering them at the same time not to work in the full heat of midday—I think between eleven and three. Good food, without alcoholic stimulation, is a great prophylaxis against the occurrence of cholera, and a hint may be taken by our own government in this matter in case of an outbreak. I think there can be no question, then, that the average health of the community of the East was in a condition which rendered the reception of the cholera-poison an easy thing. The type of disease has been very well marked indeed; and, especially in some of the wretched hovels between Alexandria and Cairo, a great many of the so-called "foudroyante" cases occurred. Natives were seized with intense sudden cramps, and died then and there quickly. One of two explanations may be given of this condition: either that the quality of the virus was such as to act upon the vital machinery at once, or, what is more probable, sudden and extensive thrombosis occurred in many instances, but of this we are not well informed. In the East we may be pretty well sure that the disease has not been cholerine (for such are the cases recorded as having occurred in England), but true cholera morbus.

I am anxious to dwell, however, more than anything else, upon the question of the origin of the disease. We allow, of course, that there is a poison special to cholera. This poison first gave evidence of its existence at Mecca, by a frightful mortality; and from the latter place was transported to produce disease in Cairo, Alexandria, and other parts lately visited by it. Now (*a*), was the poison of cholera generated *de novo* at Mecca? or (*b*) was it brought from some other part? At Mecca were some 100,000 people assembled, and exposed not only to great heat, scarcity of water, but very many

other elements of the worst hygiene; and, in addition to the awful putrefaction of an enormous mass of animal matter—for every pilgrim is supposed to sacrifice on a particular day one sheep—the blood and entrails alone collected together and undergoing decomposition would, one imagines, generate any poison. We must also recollect that most of the pilgrims had undergone terrible fatigue before their arrival. One thing must be very clear, that the above-described state of things at any rate occasioned such an impure state of community as would conduce in the highest degree to the development of any imported seeds of disease such as cholera; in fact, a most favourable soil would hereby be afforded This is the true state of the case most probably; for the most likely disease *to be produced* by overcrowding is not cholera, but typhus or typhoid. It can be distinctly proved, however, that the *de novo* theory is altogether unnecessary, and that the cholera-poison was transported to Mecca, and that cholera existed or "broke out" in the line of march of the pilgrims from India to Mecca long before anything of the kind occurred at Mecca. My information comes from a gentleman holding a high official position at Jedda, who personally ascertained the facts and repeated them to me by word of mouth. At the end of January and the beginning of February pilgrims as usual began to make their way from India, and cholera attacked many of these; but in one ship alone off Moculla, on the Arabian coast, no less than eighty died from undoubted cholera. There is always a good deal of sickness amongst the pilgrims arriving from India, but this year the character of the disease was decided From Jedda and the Arabian coast the virus was carried to Mecca. It is believed that the especial source of the cholera was Java. No one can doubt for a moment that the cholera-poison was brought from India, and found a fitting soil for its full fruition at Mecca, and that it was not generated *de novo* at the latter place.—*Lancet*, Sept. 2, 1865.

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The Cattle Plague in Great Britain.—The last week's reports of the spread of the cattle plague are by no means reassuring. The disease has already made its way to remote country districts, and there is no longer any semblance of truth in the assertion that it is confined to the stifling atmosphere and dependent for its existence on the sanitary shortcomings of London cowhouses. In England it is reported to exist in Suffolk, Norfolk, Essex, Bedfordshire, the Isle of Ely, Devonshire, Durham, and Lancashire. In Scotland it has carried off many dairy cows in Edinburgh and its neighbourhood. A recent telegram reports its appearance in the County Donegal, in the North of Ireland, and cases have lately occurred in Caerphilly and other localities in South Wales. If the spread of the disease be allowed to furnish an argument on the question of its origin, the various accounts from country districts, although not actually proving importation, yet give a balance of evidence against the spontaneous generation theory. Thus at Woburn, in Bedfordshire, the disease is said to have been introduced by some calves, the produce of London dairy cows. The remarkable outbreak at Earl Granville's farm at Golder's-green followed the purchase of some Dutch cows which died of the malady whilst in quarantine. It is true that they were kept a mile distant from the farm, but it may be safely surmised that they were at least visited by persons who had charge of Lord Granville's stock. Some sheep from Scotland are said to have been the channel through which the disease was brought into Donegal. It is clear that such reports will not settle the question of origin. There is nothing unphilosophical in the opinion that diseases which spread by contagion, which multiply by the production of germs, and which even may be inoculated, may yet under favouring circumstances originate *de novo*. No one, we suppose, would support the opinion that the poisons of syphilis, smallpox, measles, scarlatina, glanders, typhus, typhoid, hydrophobia, and the like, were created at the creation of all things, and have come down to our times in natural descent from the era of the primary fossiliferous rocks. The poison of the Rinderpest must have originated at some time and somewhere, and what has occurred once may occur again. Whilst, however, this is clearly admitted, we acknowledge there is a strong balance of evidence in favour of the belief that this country is now suffering from the indiscriminate importation of foreign cattle. It is a remarkable coincidence that the commencement of this cattle disease, which is allowed by all competent judges to be identical with the Russian pest, should have so

closely followed the importation of cattle from Revel. It may be quite true that the cattle from Esthonia were apparently healthy, and that that province had been free from epizootics; but the Russian herds are probably never entirely exempt from this form of fever. Sporadic cases may always be found, and we know far too little of the nature and properties of the germs of morbid poison to dogmatize on the impossibility of convection. It is very probable that there was no epidemic of smallpox in England and Spain when that disease was exported to the Indians of North and South America; and it is an historical fact that the prisoners who were tried at the Black Assizes of Oxford and Exeter, when the judges, large numbers of the bar and of the audience, were stricken down with a rapidly-fatal typhus, were not themselves suffering from the disease, although they were brought from dungeons where jail fever was never absent. The geographical distribution of the Russian cattle disease, the history of previous epizootics and of its spread in this country, and the fact that it may be inoculated, afford strong evidence of its easily communicable nature; and, without agreeing with Dr. Budd that it is unphilosophical and absurd to suppose that it can ever originate *de novo*, we believe the chain of reasoning by which he supports the theory of its spread by specific germs to be well-nigh irrefragable. The city of London proposes to spend £1000 in sanitaria for the treatment of cattle stricken with the disease. We fear very little good will result from such a scheme. The disease was imported into this country by means of some Russian hides in 1742, and it was only got rid of by the uncompromising destruction of infected beasts, together with all excreta, bedding, etc., and measures of thorough cleansing and quarantine. The remedy which Professor Symonds at first recommended—the poleaxe—is, we believe, the only one to be relied upon; and it must be resorted to without hesitation if we would escape a winter in which the dearth of meat and milk will give rise to an amount of human mortality not surpassed by that from cholera or plague.—*Med. Times and Gaz.*, Sept. 9, 1865.

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The (so-called) Siberian Plague.—Dr. Berkleff, on his return from St. Petersburg, gave, at a late meeting of the Medical Society of Vienna, an account of the "Siberian plague." The disease so called has, it appears, nothing to do with Siberia. It has been observed in the districts of Novogorod, Petersburg, Twer, etc.; and its origin is thus accounted for. More than one hundred thousand horses and oxen are employed in canal work throughout this marshy country; they are ill fed, and kept in harness eighteen hours a day. Under such conditions, the animals perish by thousands; and, by order of the government, all such as die of the pustular fever (*Milzbrand*) are to be buried. But usually the skin is sold, and the flesh of the diseased oxen eaten. Of more than three hundred thousand animals which died during the past year, not more than ten thousand were buried. The men engaged in skinning the animals, and even in preparing the skins, have been attacked with malignant pustule (*Milzbrandkarbunkel*). If the carbuncles, etc., thus contracted, be opened early enough, and treated with acids, the disease is usually not fatal; but in those persons who can get no medical aid (as is usual in Russia) there arises a deadly form of typhus fever. Many of the dead animals are thrown into the Neva, the water of which is drunk by the inhabitants. This bad water, together with deficient food and diseased grain, explain, according to Dr. Berkleff, the presence of the recurrent fever in St. Petersburg, etc., during the past spring. The occurrence of the "Siberian plague" in man, he says, results immediately through contagion from diseased (*Milzkranken*) animals; malignant pustule being the result. It is probable, also, he adds, that the disease may be spread by gnats and flies from the animals to men; but it is not communicable from man to man.—*British Med. Journ.*, July 8, 1865.

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Moscow Foundling Establishment.—Dr. Blumenthal has just published his report on the Moscow Foundling Establishment for the last three years, 1862—64. From this we learn that there were admitted during this period 35,387 children, 17,446 of the number being boys and 17,941 girls. There were, therefore, 1028 girls to 1000 boys, which is a proportion in complete contradiction with that observed among the general births in Russia, according to which the number of boys exceeds that of girls at the rate of about 48 per 1000. The deaths

during the three years amounted to 10,008, viz., 5278 boys and 4370 girls; those of the boys still exceeding those of the girls by 11 per 1000, notwithstanding the smaller number of boys admitted. Of these deaths 521 occurred within the first twenty-four hours, the children having been brought in in a dying state. The rate of mortality for the three years united was 28.28 per cent., being 30.78 in 1862, 27.38 in 1863, and 26.60 in 1864. Of this general mortality of 28.28 per cent., 9.87 per cent. occurred within the first fortnight and 8.09 during the second and third week. The absolute mortality—*i. e.*, the proportion of deaths at given ages compared with the living of the same ages—was found to be 11.74 for infants a fortnight old, 9.86 for those 4 weeks old, 6.85 for 2 months old children, 4.25 for 3 months old, and 1.35 at 4 months of age. The great overcrowding of the establishment has somewhat diminished, partly owing to the better condition of the peasantry, still it seldom has less than 1000 children within its walls, the minimum number during the three years having fallen to 798, the maximum rising to 1386, the mean number for the three years being 1091. Not more than 650 children can be commodiously provided for. During the three years triplets were twice admitted, and there were 501 twin children—*i. e.*, 1 in 68.62—156 being males, 175 females, and 170 mixed pairs.

The supplying so large a number of children with suitable wet-nurses is a difficult matter, especially when so much care is taken in their selection that of 57,206 who applied during the three years, only 34,299 were admitted as suitable, being, therefore, 1088 less than required for each child to have its nurse. During the three years, in fact, there was a deficiency of nurses in twenty-two months and an excess of supply only in fourteen. Deficient supply of milk, their wretched condition on admission, and the overcrowded state of the establishment, engender so much disease that during the three years there were treated 21,851 children in the Infirmary (including 470 already there), of which number 9487 died. During the three years, however, an epidemic of variola and its congeners prevailed at times, furnishing 522 cases of disease. Of the 28,950 foundlings who were vaccinated, as many as 709 resisted the influence of the lymph, although its introduction was repeated four times. The reporter complains, in conclusion, that the advantages of the Institution are excessively abused by being taken advantage of by married people to get rid of the expense of bringing up their children, there having been admitted during the three years 17,489 unbaptized, and 17,898 baptized infants, the former only representing the offspring of the strictly necessitous mothers.—*Med. Times and Gaz.*, Aug. 5, 1865.

The Epidemic of Crime.—[England, like our own country, is suffering from this epidemic. The editor of the *London Medical Times and Gazette* believes that the *principal* cause of the spread of this evil is the publicity given to every crime by the cheap press of the day. If not a principal, it is unquestionably a very influential cause in promoting the spread of the epidemic, and we commend to our readers the following remarks on the subject.]

"The daily papers have lately been recording the particulars of from one to six murders a day. If Mr. Buckle's doctrine of the equal averages of crime in different periods—allowance being made for the increase of population—be true, such an outbreak as the present ought to have been preceded, or to be followed, by a perfect calm in the moral atmosphere—a complete cessation from outrage. We, however, have no belief in averages of mortality, or percentages of vice. We see that crimes of the darkest character—murder, suicide, and infanticide—are on the increase in this country, and we must look at home to find the causes. We believe that one of the principal of these is the publicity which the cheap press of the day gives to every crime wheresoever committed. Man is so imitative an animal, and so strangely prone to evil, that the very reading or hearing of an act of violence may suggest the temptation to its committal. Formerly a great crime was known but to a few—the persons immediately connected with the criminal and his victim, and the frequenters of prisons and assize courts. Now a crime committed in Gateshead or Glasgow is studied and criticised in every court, alley, and public-house in London, and in every farmhouse and cottage in the country to which a weekly paper penetrates. We look upon this as a great evil. Men and women are bad enough naturally, without examples and suggestions

to evil being supplied to them as their chief intellectual food. The education given to the poor is good enough to furnish them the means of imbibing the poison, but it is not good enough to enable them to resist it. A low secular education, with but little moral and religious training, and a penny newspaper press which panders to the love of the horrible, are an excellent receipt for popular demoralization.—*Med. Times and Gaz.*, Sept. 2, 1865.

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Statistics of Life in England.—Dr. W. FARR has completed his supplementary volume on the mortality of England in the ten years 1851-60. There is little definite information respecting the rate of embryonic mortality. In the 26 years 1838-63 there were registered in England the deaths of no less than 2,374,379 infants born alive but not living for a single year. At this present time 100,000 infants of less than a year old die every year in England. The French returns are very minute, and show in 1856 a mortality of 154 per cent. *per annum* in the first seven days after birth, 120 in the second seven days, and 54 in the sixteen days following. The mortality among children under 5 years of age in the ten years 1851-60 was very little over 4 per cent. in the more healthy districts of England; in one or two thinly peopled districts in the extreme north it was under 2.5 per cent. Among the children of peers it has been calculated to be little over 2 per cent.; among the children of the clergy in 1829 and 1858 rather over 3 per cent. On the other hand, there are 151 districts of England where, taken as a whole, the child mortality of 1851-60 exceeded 8 per cent. In the ten years 1851-60 the mean annual mortality among children under five was 10.149 per cent. in the city of London (east division); 10.219 in Nottingham; 10.852 in St. Giles's; 11.725 in Manchester district; and 13 198 in Liverpool district. Passing on to the higher ages, we find the rate of mortality declining with every year of life up to 12 or 13, when it is at its lowest. Between 10 and 15 years of age less than five boys in a thousand die in the year. Twenty years later in life the mortality is doubled, and goes on increasing to the close. At all ages the variation in the rate in different districts is shown to be very striking. The mortality of men in towns demands a careful investigation. At 45-55 the mortality of London men is not far from double that of men in the healthy districts of the country. It is much higher at every age than the mortality of women in London. In the ten years 1851-60 the deaths in 30 large town districts of England, with an aggregate mean population of 2,541,630, comprising seven London districts and the principal provincial town districts, averaged 71,194 a year, while the deaths at the rate in healthy country districts would have been only 38,459—an annual loss of above 32,000 lives in much less than a seventh of the population. There can now be no doubt that mere proximity of dwellings does not necessarily involve a high rate of mortality. If an adequate water supply and sufficient arrangements for drainage and cleansing are secured, the evils which make dense districts so fatal may be mitigated. It is remarkable that some of the dense districts of cities are already comparatively salubrious. The mortality of a district is by no means bound to its density of population. Bermondsey is less densely inhabited than St. James's, Westminster, but the mortality is considerably greater. It is also to be noted that in London the mortality fell from the annual rate of 25 per 1,000 in the decenniad 1841-50 to 24 per 1,000 in 1851-60. The mortality of Lancashire and Cheshire also declined from 27 to 26. Taking all England, though the growth in numbers, of course, increased the density of population, the rate of mortality did not increase. but continued at 22 per 1,000.—*British Med. Jour.*, July 8, 1865.

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Popular Scientific Lectures.—These lectures, which, under the name of "conferences," are now quite the rage in France, have been taken up with great zeal in Italy, and it seems that at Naples a Mademoiselle Royer—a French lady, we presume—has met with splendid success in her conferences on some of the most important questions of natural science, especially spontaneous generation and the origin of species.—*Med. Times and Gaz.*, May 6, 1865.

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British Government Patronage of Quackery.—During the last year, it is stated in the *Lancet* (Aug. 19, 1865), the paternal government of Great Britain received £55,333, (nearly 280,000 dollars) for duty on quack medicines.

DUNGLISON'S MEDICAL DICTIONARY.

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It is something more than a dictionary, and something less than an encyclopædia. This edition of the well-known work is a great improvement on its predecessors. The book is one of the very few of which it may be said with truth that every medical man should possess it.—*London Med. Times*, Aug. 26, 1865.

Few works of the class exhibit a grander monument of patient research and of scientific lore. The extent of the sale of this lexicon is sufficient to testify to its usefulness, and to the great service conferred by Dr. Robley Dunglison on the profession, and indeed on others, by its issue.—*London Lancet*, May 13, 1865.

The old edition, which is now superseded by the new, has been universally looked upon by the medical profession as a work of immense research and great value. The new has increased usefulness; for medicine, in all its branches, has been making such progress that many new terms and subjects have recently been introduced; all of which may be found fully defined in the present edition. We know of no other dictionary in the English language that can bear a comparison with it in point of completeness of subjects and accuracy of statement.—*N. Y. Druggists' Circular*, 1865.

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Dunglison's Medical Dictionary has so long been our standard work that little need be said of its merits; it deservedly stands at the head, and cannot be surpassed in excellence.—*Buffalo Med. and Surg. Journal*, April, 1865.

We can sincerely commend Dr. Dunglison's work as most thorough, scientific, and accurate. We have tested it by searching its pages for new terms, which have abounded so much of late in medical nomenclature, and our search has been successful in every instance. We have been particularly struck with the fulness of the synonymy and the accuracy of the derivation of words. It is as necessary a work to every enlightened physician as Worcester's English Dictionary is to every one who would keep up his knowledge of the English tongue to the standard of the present day. It is, to our mind, the most complete work of the kind with which we are acquainted.—*Boston Med. and Surg. Journal*, June 22, 1865.

It embraces, in its present form, unquestionably, a more complete and accurate list than any other of the professional dictionaries in common use, of the terms which appertain to the nomenclature of the different departments of medical science, as well those in use heretofore as those which have been introduced recently by the progress and discoveries which are constantly being made in every department of medicine. We are free to confess that we know of no medical dictionary more complete; no one better if so well adapted for the use of the student; no one that may be consulted with more satisfaction by the medical practitioner.—*Am. Jour. Med. Sciences*, April, 1865.

The value of the present edition has been greatly enhanced by the introduction of new subjects and terms, and a more complete etymology and accentuation, which renders the work not only satisfactory and desirable, but indispensable to the physician.—*Chicago Med. Journal*, April, 1865.

No intelligent member of the profession can or will be without it.—*St. Louis Med. and Surg. Journal*, April, 1865.

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